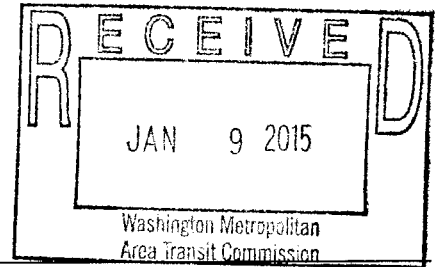


Washington Metropolitan Area Transit Commission

2015 Carrier Annual Report Form

Read the accompanying instructions carefully before completing this form.



1. CARRIER INFORMATION:

1594	Transcend, Inc., t/a Transcend			
*WMATC No. *Name of Carrier (as shown on certificate of authority)				
10616 Beaver Dam Road, #S4		Hunt Valley	MD	21030-2219
*Street Address of Principal Place of Business	Apt./Suite	City	State	Zip
P.O. Box 232		Hunt Valley	MD	21030-0232
Mailing Address (if different from street address)	Apt./Suite	City	State	Zip
(410) 526-4949		(410) 526-4610	rodsmith@transcendservice.com	
*Telephone	Other Telephone	Fax	E-mail	

2. OTHER PASSENGER CARRIER AUTHORITY (if applicable, list carrier/permit number):

			763
USDOT No.	DCTC No.	Virginia DMV passenger carrier No.	Maryland PSC No.

3. CARRIER CONTACT PERSON (at mailing address to whom we should direct inquiries):

Mr. Rod T. Smith	COO
*Name	*Title
(410) 526-4949	(410) 526-4610
*Telephone	E-mail
	rodsmith@transcendservice.com

4. REGISTERED AGENT INSIDE THE METROPOLITAN DISTRICT FOR SERVICE OF PROCESS

*Complete section 4 only if the principal place of business in section 1 is outside the Metropolitan District. The Metropolitan District includes the District of Columbia, Prince George's Co., Montgomery Co., Alexandria, Arlington, Fairfax, Falls Church, and Dulles Airport. For a full description, see www.wmatc.gov.

Carlos Martinez	(301) 853-0093			
Name of Registered Agent for Service of Process	Telephone	E-mail		
3311 Toledo Terrace, #A1		Hyattsville		
Agent Address (must be inside Metropolitan District)	Apt./Suite	City	State	Zip
			MD	20782-4136

5. ***CHANGES:** Describe any merger, consolidation or other change in management, ownership, control, or form of organization that occurred after the previous year's annual report was filed, or if not applicable, after the carrier's certificate of authority was issued. If no changes are entered below, the carrier certifies that no such changes have occurred.

None

6. ***LIST OF REVENUE VEHICLES USED IN WMATC OPERATIONS:** (1) list your vehicles below **or** (2) attach a complete vehicle list to both pages of this form. If you have more than 10 vehicles in your fleet, you must use option 2. Include **all** required information.

Fleet No. If applicable	*Model Year	*Make	*Vehicle VIN (17 digits)	*License Plate Number	*State Registered	*Seating Capacity	Wheelchair Lift or Ramp Yes/No
31	08	DODGE	2D8HN44H78B122675	93524HV	MD	7	YES
116	08	Honda	1H6CP26328A0913049	43638B	MD	5	NO
117	08	Honda	1H6CP26388A090638	43631B	MD	5	NO
118	08	Honda	1H6CP26368A070359	43634B	MD	5	NO
119	08	Honda	1H6CP26358A090209	43636B	MD	5	NO

7. ***CERTIFICATION:**

I certify that this report, including any attachments, was prepared by me or under my supervision, that I have examined it, and that the information contained in it is true, correct, and complete as of this date.

Ray Smith

*Name (type or print)

COO

*Title (not required for sole proprietors)

[Signature]
*Signature

1/7/15
*Date